

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CMC CASE – TRANSFER REQUEST SUMMARY

DOUBLE CELL ELGIG:
SHOCK CANDIDATE:

NAME:		DIN#:		NYSID#:	
D.O.B.:	P.B. HEARING:	C.R.:	M.E.:	SEC:	FDU: MED:
I.O. & SENTENCE:					

REASON FOR REFERRAL/CASE SUMMARY:
As per Indicators of Criterion III _____

SIGNATURE

DATE

OFFICE OF INTEREST (OTHER THAN C&M OR SPECIAL OPERATIONS):

SIGNATURE

DATE

CLASSIFICATION & MOVEMENT/SPECIAL OPERATIONS:

SIGNATURE

DATE

DEPUTY COMMISSIONER
RECOMMENDATION:

☐

APPROVAL

☐

DISAPPROVAL

SIGNATURE

DATE